

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheny
Secretary of State
Capital Building, 900 S.W. 4th St., 2nd Fl.
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **P37462** (9)

COMM. FILED 9:38

ARBOR TRACE MANAGEMENT CORPORATION

RECEIVED
TALLAHASSEE, FLORIDA

Principal Office of Corporation 1000 ARBOR LAKE DRIVE NAPLES FL 33963		Mailing Address 1000 ARBOR LAKE DRIVE NAPLES FL 33963	
3. Date Incorporated or Reincorporated 02/06/1992		3a. Date of Last Report 04/26/1994	
4. FET Number 58-1949355		Applied For ☐ Not Applicable	
5. Certificate of Status (Required) ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. Does corporation have a record of ownership with records in Florida Statutes ☐ Yes ☐ No			
2. Director of the Corporation 21	2a. Mailing Address 26	22. Date of Report 22	27. Mailing Address 27
23. City and State 23	28. City and State 28	24. Name 25	29. Name 29
30. Name 30	31. Name 31	32. Name 32	33. Name 33

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BISHOP, LANELLE
1000 ARBOR LAKE DRIVE
NAPLES FL 33963**

81. Name	85. Zip Code
82. Street Address, P.O. Box Number or Post Office	
83. City	
84. State	FL

11. I, the undersigned, as Secretary, Treasurer, and Clerk of the Florida Statutes, the above named corporation, certify the statement for the purpose of changing its registered office, name, and address, and the appointment of the new registered agent, Florida Statutes, Chapter 607, Florida Statutes.

SIGNATURE

By the undersigned agent, a duly qualified person, as required by Florida Statutes, Chapter 607, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. AGENTS FOR SERVICE OF PROCESS AND REGISTERED AGENTS	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
1. NAME	1. STREET ADDRESS	1. NAME	1. STREET ADDRESS
2. NAME	2. STREET ADDRESS	2. NAME	2. STREET ADDRESS
3. NAME	3. STREET ADDRESS	3. NAME	3. STREET ADDRESS
4. NAME	4. STREET ADDRESS	4. NAME	4. STREET ADDRESS
5. NAME	5. STREET ADDRESS	5. NAME	5. STREET ADDRESS
6. NAME	6. STREET ADDRESS	6. NAME	6. STREET ADDRESS
7. NAME	7. STREET ADDRESS	7. NAME	7. STREET ADDRESS
8. NAME	8. STREET ADDRESS	8. NAME	8. STREET ADDRESS
9. NAME	9. STREET ADDRESS	9. NAME	9. STREET ADDRESS
10. NAME	10. STREET ADDRESS	10. NAME	10. STREET ADDRESS
11. NAME	11. STREET ADDRESS	11. NAME	11. STREET ADDRESS
12. NAME	12. STREET ADDRESS	12. NAME	12. STREET ADDRESS
13. NAME	13. STREET ADDRESS	13. NAME	13. STREET ADDRESS
14. NAME	14. STREET ADDRESS	14. NAME	14. STREET ADDRESS
15. NAME	15. STREET ADDRESS	15. NAME	15. STREET ADDRESS
16. NAME	16. STREET ADDRESS	16. NAME	16. STREET ADDRESS
17. NAME	17. STREET ADDRESS	17. NAME	17. STREET ADDRESS
18. NAME	18. STREET ADDRESS	18. NAME	18. STREET ADDRESS
19. NAME	19. STREET ADDRESS	19. NAME	19. STREET ADDRESS
20. NAME	20. STREET ADDRESS	20. NAME	20. STREET ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes. Further, I certify that the information is true and correct, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation, or the manager or trustee of the corporation, or the registered agent of the corporation, and that my name appears in the filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

813-598-2929